

Facilitation of Disorientating Events for the RPN to BScN Learner / Soutenir, par des occasions déconcertantes, les apprentissages de l'infirmière diplômée d'un programme collégial (RPN en Ontario) pour devenir infirmière bachelière (B.Sc.)

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Introduction

Nursing education has evolved tremendously over the years to ensure nurses are prepared to meet the complexity of the health care environment. In Ontario, registered nurses require an undergraduate degree and registered practical nurses (RPN) require a college diploma (College of Nurses of Ontario [CNO], 2018a). In other provinces and territories, the title licensed practical nurse (LPN) is used as opposed to RPN but the educational requirements are similar across the country. Since 2005, the RPN entry to practice competencies set out by the CNO have also expanded in response to the increasing acuity of clients in the health care setting (CNO, 2014a). RPNs who want to upgrade their credentials to an RN certification can complete a degree in less than four years in accredited RPN to BScN programs. In Ontario, six RPN to BScN bridging programs each have diverse subject-centred curricula. After completing the BScN program, to legally practise as an RN in Ontario, candidates must pass the National Council Licensure Examination (NCLEX-RN) (CNO, 2017).

The challenge with RPN learners is that they each enter with diverse nursing knowledge depending upon the number of years they have practised as an RPN. Some RPNs enter the programs with a year of RPN experience, while others may have been practising for 10 years or more. Their nursing knowledge and skills vary because they have worked in different settings, such as long-term care, acute care, and community care nursing. The BScN curriculum has been designed to meet the entry to practice competencies for new RN practitioners; however, the RPNs who return to school to upgrade may not be novice practitioners. They will have already completed an accredited two-year college diploma that has similar nursing concepts as the BScN curriculum and have passed the Canadian practical nurses registration exam (CNO, 2018b). Literature is lacking on how to create learning conditions for RPNs that reflect and build on their experience and encourage new learning through practical application while also inspiring them to contemplate alternative perspectives and reconsider their understandings of practice (Registered Nurses' Association of Ontario [RNAO], 2016). Mezirow's transformational learning theory is congruent with the intentions of the RPN to BScN program outcomes in which RPNs need to question prior assumptions about their nursing knowledge to shift their thinking to that of an RN. The goal of this study was to explore the learning experiences of one cohort of RPN to BScN students to discover which teaching modalities helped students to engage in the process of perspective transformation according to Mezirow's transformational learning theory.

Background

Literature that focuses on effective teaching modalities for the RPN learner bridging programs is limited, especially in the Canadian context (Coffey et al., 2015, 2017). Suva et al. (2015) conducted a systematic review of the literature on the RPN to BScN learner. They found 23 articles that reported on research conducted in the United States and 4 articles that were Canadian based. Suva et al. used Meleis's transition model to conduct a thematic analysis to explain the transitions that an RPN learner goes through as they embark on their journey to becoming an RN. The themes that arose from the literature review included financial stress, academic expectations, and the need for faculty support and mentorship to successfully transition into the programs. While their review provided recommendations to support transitioning, the authors noted that further research is needed on teaching methods that specifically facilitate the transition process.

Coffey et al. (2015) conducted a multiple-phase study on one of the RPN to BScN programs in Ontario. Their analysis to date has been focused on attrition and successful completion of the program using traditional success indicators, such as grade point averages, and NCLEX passing rates. Their study provides insight into the success rates of the RPN to BScN learner but does not focus specifically on what teaching modalities best supported their success. Coffey et al. (2017) also explored post RPN to BScN graduates using a qualitative approach and identified themes from interviews in which graduates shared their perceptions of transitioning into the new RN role. Increased professional autonomy, enhanced critical thinking, personal and professional transformation, leadership, and interprofessional collaboration were noted as some of the transitional changes.

Other Canadian studies that explored the RPN to BScN learners are derived from a program located at a university in Alberta. They provide an online LPN to a bachelor of nursing degree program. These studies used qualitative methodology and highlighted the challenges and barriers of transitioning to the RN student role and then RN practitioner (Gordon, Melrose, Janzen, & Miller, 2013; Janzen, Melrose, Gordon, & Miller, 2013; Melrose & Gordon, 2008, 2011; Melrose & Wishart, 2013). Research from the US addressing the LPN to baccalaureate RN learners also found similar challenges, such as financial stress, multiple role obligations, and the unexpected academic rigour of the program (Adelman, 2002; Claywell, 2003; Cook, Dover, Dickson, & Engh, 2010; Porter-Wenzlaff & Froman). Even though several research studies have examined the RPN to BScN learners, they have primarily focused on the challenges and barriers of transitioning, with minimal discussion on the teaching learning modalities used in the curriculum that facilitated the RPNs' transitioning.

A challenge for RPN to BScN faculty is to design a curriculum that acknowledges the RPNs' nursing knowledge, is adaptive to their diverse nursing experience, and exposes them to learning situations that will push them beyond their comfort zone. The explicit differences between the RN and the RPN in practice has been described by Melrose and Wishart (2013) as being difficult to define, and it continues to cause role ambiguity for the RPN to BScN learner. Since the change in the RPN entry to practice competencies in 2005, the RPN role has expanded, and now RPNs are practising skills that previously were the "sole domain of the RN" (Registered Practical Nurse Association of Ontario, 2014, p. 9). It is difficult to differentiate the knowledge of an RN from that of an RPN as the complexity and extent of critical thinking and judgment skills of the RN are not visually recognizable. Deciding what content and teaching modalities to use in the RPN to BScN program becomes difficult. Using Mezirow's transformational learning theory as a framework can provide meaningful direction.

Theoretical Underpinnings

The transition from RPN to RN can be viewed as a consequential transition which is "the conscious reflective struggle to reconstruct knowledge, skills, and identity in ways that are consequential to the individual becoming someone or something new" (Crafter & Maunder, p. 11). This perspective is consistent with Mezirow's transformational learning theory in which adult learners need to reflect upon their perspectives, understand them, and internalize new knowledge to transition to a different self. Mezirow describes transformational learning as a "process by which we transform our taken-for-granted frames of reference... to make them more inclusive, discriminating, open, emotionally capable of change... that will prove more true or justified to guide action" (Mezirow & Associates, 2000, p. 8). Since the RPNs who enroll in an RPN to BScN program bring with them their diverse past nursing experience, they need to

critically reflect upon this knowledge to create new understandings. If the RPN learner cannot reframe their perspectives, then there is a risk that they may be unsuccessful in the program or narrowly complete the program without comprehensively understanding the difference required to practice competently as an RN.

Mezirow's theory provides an appropriate framework in which to explore critical reflection and strategies that support that process. This is especially relevant in nursing education since reflective practice provides a vehicle in which nursing students can build their intuitive knowing and individualize their care for the diverse client population for whom they care. Self-exploration and reflective practice are key components of Mezirow's transformational learning theory and are endorsed in nursing education (Mann, Gordon, & Macleod, 2009). Mezirow claims there are several elements that adults contemplate and internalize as they go through the process of perspective transformation. Perspective transformation is often defined as being initiated by a trigger or an unexpected life event, which Mezirow called a disorientating dilemma (Mezirow & Associates, 2000). When students are placed in a situation in which they have a sudden inability to understand, or are taken outside their familiar ground of knowing, they can begin the journey of transforming their thinking (Berger, 2004; Cranton, 2006a; Morris & Faulk, 2007). Ten precursor steps have been identified by Mezirow as being initiators or stepping stones for perspective transformation: disorientating dilemma, self-examination, critical assessment of social roles, discontent, exploration of acting differently, planning a course of action, building confidence in new roles, planning action to take on new roles, acquiring knowledge to adopt new ways of acting, and reintegration into society with a new way of thinking (King, 2009). Not all precursor steps are required to experience perspective transformation (Cranton, 2006a); however, Brock (2010) noted that the more precursor steps identified by students, the greater the chance of creating a fertile field for transformation. This study focused on discovering the learning experiences of RPN to BScN learners that prompted them to identify with one or more of Mezirow's precursor steps, facilitating their progression to new ways of thinking as a nurse.

Methods

The original study on which this article is based used a mixed methods approach in which both quantitative and qualitative data were collected. According to Creswell (2009) and Tashakkori and Teddlie (2009), mixed methods research allows the pragmatic researcher to use the strengths of both qualitative and quantitative research approaches to explore and understand complex phenomena. The quantitative data collection was completed using King's Learning Activity Survey (LAS) (2009), which is a self-reported questionnaire that captures the respondents' perceptions of which learning experiences prompted perspective transformation. The survey consists of a check list containing several statements that correspond with Mezirow's 10 precursor steps for transformational learning. The LAS has been validated in several other studies (e.g., King, 2000, 2004, 2009). Following the precursor step questions, other questions elicited information regarding the learning experiences in the program, such as courses, learning activities, and personal support in which the enrolled RPN to BScN students engaged during the program. In addition, there were demographic questions on the survey, such as age category, previous education other than nursing, marital status, and dependants. Following the LAS were individual interviews with the RPN learner. Interview questions included: "What prompted you to return to school?", "Tell me about your experience with faculty and what helped hinder your learning," and "What experiences in the program stand out as being helpful or a hindrance to

your learning and transitioning?” Students were also asked to share their specific learning activities, such as scholarly writing, clinical practice, and other assignments.

The research study took place in one RPN to BScN program located in a large Ontario urban university setting that included three collaborating institutions. The program is completed in three academic years if taken full time in a face-to-face delivery format. In the first year, the RPN to BScN students remain in their own cohort with unique courses focused on supporting their transition to university. In their second and third year, they are integrated into the basic stream curriculum with direct-entry BScN nursing students. After full ethics approval from all three sites, the LAS was emailed to all enrolled RPN to BScN students in year two, three, and four in March 2012. Interviews following the LAS were about one hour long and took place April through to June 2012.

Findings

Seventy-seven students of the 264 who were enrolled at the time of the study completed the online survey, with an even distribution of students per year in the program and similar response rates. Twenty-five students were from year 2, 25 from year 3, and 27 from year 4. Twelve year 2, 10 year 3, and seven year 4 students who completed the LAS also took part in the interviews.

Demographics

The students were primarily female ($n = 69$, 89.6%) with an average age of 32. These results are similar to the demographics reported in Coffey et al.’s (2015) study. Fifty-eight percent ($n = 45$) were in committed relationships, and many of the participants were also caring for children while in the program (46.8%). The predominant ethnicity was Caucasian (64.9%), followed by African (22%), Asian (10.4%), and other (2.7%). Their years of work experience prior to returning to upgrade their credential was clustered as follows: 13% less than a year, 62.3% one to four years, 23.4% five to 10 years and one (1.3%) more than 10 years. Sixty-seven percent of the participants were working as RPNs for a minimum of 12 and up to 36 hours a week during their studies.

Rationale for Returning to School

Sixty-eight of the 77 (88%) participants who completed the LAS provided a short description of why they chose to return to school. Fifty-seven (83%) of the comments of participants identified wanting to enhance their nursing knowledge and expand their professional opportunities as a nurse. In this study, even though 27 (39%) of the comments specifically mentioned the expectation of increased pay as their motivation, 20 comments also acknowledged that the increased pay was a result of deepened nursing knowledge and autonomous practice. One student participant described her reason for returning to school was to “improve quality of care for patients, expand my knowledge and experiences, increase wages, (and have) more opportunity for movement in my career” (Student L). Seven (10%) of the students’ commented that they did the same work as an RN.

Perspective Transformation

Sixty-four of the 77 respondents indicated that they felt they had a transformative experience because of being in the program. This response was further supported by these

participants identifying with one or more of the 10 precursor elements to perspective transformation. Table 1 indicates the frequency with which each of Mezirow's precursor elements was identified by the participants.

Table 1. Frequency of Mezirow's Transformative Learning Precursor Steps Selected by Participants

All Student Participants	<i>N</i> = 77	%
1. Disorientating dilemma (about actions or social roles)	55	71.4
2a. Self-examination (I realized I no longer agreed with my previous beliefs)	40	51.9
2b. Self-examination (I realize I still agree with my original beliefs or role expectations)	24	31.2
3. Discontent is shared (I realize that other people also question their beliefs)	33	42.9
4. I thought about acting in a different way	13	16.9
5. I felt uncomfortable with the traditional social expectations of my role as an RPN (critically reflect upon assumptions)	17	22.1
6. I tried new roles such as leadership	48	62.3
7. I tried to figure out ways to adopt new ways of acting	30	39
8. I gathered the information I needed to adopt these new ways of acting	22	28.6
9. I began to think about the reactions and feedback from my new behaviour (build confidence and competence)	29	37.7
10. I took action and adopted these new ways of acting (reintegrated into society with new perspective)	24	31.2

The precursor step most frequently selected by the students was disorientating dilemma ($n = 55$, 71.4%). Mezirow's precursor steps are not described as linear but rather as a cyclical process. However, other authors on transformative learning claim that to engage in the process, one must first begin with a disorientating dilemma (Cranton, 2006a; Mezirow & Associates, 2000; Taylor, 2009). It is this disorientating dilemma that initiates the process of critically reflecting upon previous held beliefs that transforms into a new way of knowing.

To further investigate the importance of students indicating that they experienced a disorientating dilemma, an independent-sample *t*-test was conducted to compare the difference in the number of precursor steps chosen between the students who reported a disorientating dilemma and those who did not. Fifty-five students (71.4%) chose a disorientating dilemma and the mean number of precursor steps was 5.07, whereas of the 22 students (28.6%) who did not choose this item, the mean number of precursor steps was 2.18. There was a significant difference in the number of precursor steps chosen by those who reported a disorientating dilemma ($M = 5.07$, $SD = 2.2$) and those who did not report a disorientating dilemma ($M = 2.18$, $SD = 1.8$); $t(75) = 5.51$, $p < .001$ ($CI = 1.85, 3.94$). These results suggest that those students who identified a disorientating dilemma also experienced more precursor steps.

To examine the association between choosing a disorientating dilemma and experiences in the program, chi-square tests were calculated. Fisher's exact test was used as this test is recommended when the sample size is small (Munro, 2005). The results shown in Table 2 indicate that the activities most likely to stimulate a disorientating dilemma were a teacher's challenge and support, a small group nursing course taken in the first year of their program, and a course that focused on the social determinants of health. Specific learning activities that showed a relationship were self and peer evaluation, written reflections, and scholarly writing.

Table 2. Results of Chi-square of Students Reporting a Disorientating Dilemma and Learning Experiences (N = 77)

Variables		Reported Disorienting Dilemma		Chi-Square Test of Independence	Fisher's p-value (2 tailed test)
		Yes	No		
Personal Support	Teacher Challenge	29(87.9%)	4(12.1%)	χ^2 7.66	.01
	Teacher Support	44(88%)	6(12%)	χ^2 13.50	.001
Courses	Nursing Concepts Yr 2	32(84.2%)	16(41%)	χ^2 6.01	.022
	Social Determinants of Health	27(90%)	3(10%)	χ^2 8.31	.004
Learning Activities	Self & Peer Evaluations	19(100%)	0(0%)	χ^2 10.09	.001
	Written Reflections	25(92.6%)	2(7.4%)	χ^2 9.13	.003
	Scholarly Writing	24(85.7%)	4(14.3%)	χ^2 4.40	.04

Degree of freedom = 1 for all calculations

Teachers' Challenge and Support

Chi-square results showed a statistically significant relationship between the students' identifying a disorientating dilemma and faculty support and faculty challenge. An example of how an instructor challenged a student can be heard in the comment of a year 2 student who explained, "Your professor asking questions, critical questions (about a case scenario) and it's like you were pushed to think about things you never thought of as a nurse before" (Y2-5). Another student shared how the faculty members with whom they bonded in their transition year because they were supportive, were the faculty members with whom they stayed connected for the entire program: "Having faculty who are really supportive of the students (RPNs) especially during their transition year are the faculty that you follow and go to for direction throughout the rest of the program" (Y4-4).

Courses

When comparing the frequency of RPNs who identified a disorientating event and courses in their program, a significant interaction was found with one of the courses taken that focusses on social determinants of health (χ^2 (1, N = 77) = 8.31, p = .004). Content in this course exposes students to public, population, and global health through the lens of poverty, income

inequality, and discrimination in Canada and the world. These concepts were new to the RPN to BScN learners and provided conditions that challenged their previous assumptions and encouraged them to contemplate their role as a nurse beyond just individualized care. An excerpt from the interview data provides an example:

I found the content to be new and not something I learned in my college experience (practical nursing program). Learning about social determinants was quite shocking especially how it is related to the community and you just have to consider all these other factors that affect us. (Student C)

Another course that showed a significant relationship with a disorientating dilemma was the small group nursing concepts studied in their first year of the program ($\chi^2 (1, N = 77) = 6.01, p = .02$). The following example from the interview data adds insight into the learning that occurred in the course in first year:

The small group learning—just being in the small group—made you really concentrate and do our work and made you come really prepared to class because you were going to talk to the small group and you felt responsible to ensure you did the work well. The case scenarios were great, and you had to think about nursing in a way I never thought of before in terms of looking at the evidence and you would learn something more than you expected. (Student C)

Learning Activities

The results of the chi-square test suggested that self-evaluation and peer evaluation, written reflections, and scholarly writing activities influenced the students who reported a disorientating dilemma ($p < .05$). Interestingly, all the activities chosen engaged the students in reflective practice. Completing peer and self-evaluation were identified by 38% of the respondents, written reflections were identified by 32%, and scholarly writing was identified by 23% as likely to influence students to experience disorientating thoughts. The following examples from the interview transcripts provide some details of students engaging in reflective thinking:

The concept of evaluating your own learning and how your peers are doing is so beneficial. You have to really think about it and make it important so that really pushed me—because you couldn't just say I'm doing great and you had to give constructive feedback, which is hard to do and ensure you're saying things in a positive way. You have to make goals for yourself, how you want to work in class or what you want to improve on so they are helpful! (Student N)

Regardless of the grade that you got on the paper you completed it with seeing yourself in a different light, or different values and understanding other people's perspectives. For example, I wrote an 18-page paper on the stigmatization by healthcare professionals to mental health patients. (Student G)

Discussion

RPNs who return to school to upgrade their credentials to that of an RN are diverse and come with varying levels of and different nursing experience, which is a finding similar to other studies on this cohort of learners (Cook et al., 2010; Coffey, et al., 2015; Delany & Piscopo, 2007; Gordon et al., 2013). Attributes for faculty to consider with respect to the RPN to BScN learners is that they are older than the traditional nursing student and as a result may struggle to

balance school, work, and family responsibilities. The average age of the students in this study was 32, with 46.8% also taking care of children. According to Statistics Canada, the average age of university students upon graduation from a four-year degree is 24 (Dale, 2010). In addition, the RPN returning to school is often working in their professional role as well. Sixty-seven percent of the study participants were working at least 12 hours a week as an RPN while in the program. Their obligation and sense of responsibility to their employers and clients can conflict with their obligation to schoolwork, adding an extra layer of stress on these students. One student shared her story about the guilt she felt when she did not take extra shifts at work, knowing that the parents of the clients would not receive the kind of support they needed: “I worked nights and when I can't cover the shift when someone has called in sick, I feel sad because their kids, their parents have been up with them all day and you just want to give the parents a break” (Student F).

The majority of the RPNs in this study returned to school to enhance their knowledge and skills, which is a different perspective from that in other literature that found that RPNs return to upgrade for the sole reason of increasing their pay as they feel they are already functioning as an RN (Brown, 2005; Claywell, 2003; Gordon & Melrose, 2010; Porter-Wenzlaff & Froman, 2008). Understanding that they present with this desire may be critical in considering curriculum content that explicitly builds on existing RPN knowledge and avoids repeating content that they already know. The repeating of content for mature students can be frustrating and only creates barriers to their already stressful lives. There is evidence that reiteration of content for the mature student who returns to school can negatively impact success and attrition (Briedenhann, 2007; Herminda, 2010; MacKeracher, Suart, & Potter, 2006).

In this analysis, the students who identified as having a disorientating dilemma also experienced more of Mezirow's precursor steps. Two courses were associated with a greater opportunity to experience a change in perspective: the course that focused on the social determinants of health, and the small group nursing concept course. These courses seemed to heighten the potential that the RPN would experience transformation and embrace the difference between the RPN thinker and the RN thinker. The social determinants of health exposed the RPNs to concepts that were new and beyond what they knew as an RPN. The individual interviews conducted in this study illuminate this finding as shared by one student who stated: “You don't just see the patient anymore; you see vulnerable populations and understand the bigger system problems. I didn't get that as an RPN” (Student J).

The nursing concept courses are taken in both semesters in the first year of the RPN to BScN program. The RPNs are in their own cohort and expected to work through several case scenarios throughout the year in small groups. The key concepts of the scenarios on which they work revolve around transitioning to university, determinants of health and illness for family and or community, RN role accountability and responsibility from a systems perspective, and evidence-based practice. The small group learning format provides a rich environment that facilitates communicative learning. Taylor (2009) states. “Dialogue is the essential medium through which transformation is promoted and developed... where experience is reflected on, assumptions and beliefs are questioned, and habits of mind are ultimately transformed” (p. 9). The nursing concept course is designed to stimulate dialogue on a case scenario that is facilitated by the faculty. Brainstorming, problem solving, and sharing ideas are all elements of the methodology in the nursing concepts course. Mezirow and Associates (2000) also suggest that communicative learning provides a fertile ground for transformative learning to occur. Together

with being presented with new knowledge in these courses and engaging in dialogue, the learning environment provided a forum to stimulate new ways of thinking. Several prominent authors on transformative learning authenticate that disorientating thoughts can be evoked in students by exposure to situations they never imagined could be possible (Cranton, 2006a, King, 2009; Mezirow, 1991; Mezirow & Associates, 2000; Taylor, 2009).

Berger (2004) suggested that experiencing a disorientating event can be frightening for students; it takes courage to consider new perspectives. It is essential that students are challenged respectfully and intentionally while feeling safe to come to terms with their lack of knowledge. While some embrace this experience, others can run from it and return to their comfort zone. Since the goal of the RPN to BScN program is to transform the RPN, faculty must facilitate a change in perspective but need to be conscious of the discomfort that a disorientating event can cause. In this study, 80% of the RPN students were more likely to report a disorientating event if they reported having faculty they found supported them and who challenged their thinking. This finding was substantiated by the interviews with the students. As an example, Student F relates, “I found my faculty really pushed me in a sense of not thinking like an RPN anymore, so she really challenged me to think broader, think differently, not the same way you have been for 10 years in an RPN role... And then she would give me all this encouragement and positive feedback.”

An environment in which RPNs can voice their different viewpoints and be supported and challenged by a trusted faculty member encourages mature learners to contemplate and experience a disorientating dilemma. Cranton’s (2006a) extensive work on transformative learning substantiates that being confronted by an educator with knowledge that challenges previous ways of knowing leads learners to question what they originally thought. Literature on transformative learning (e.g., Berger, 2004; Cranton, 2006b; Cranton & Carusetta, 2004) points out that authentic educators who foster trusting relationships with adult learners, provide the most favorable opportunity for students to explore and investigate disorientating situations. According to Taylor (2009), a trusting relationship between the learner and the faculty is an essential element that needs to be present for students to engage in the critical reflection that ultimately allows transformative learning to occur. Students in this study who reported a disorientating dilemma identified a teacher’s support more often than those who did not identify a disorientating dilemma.

The learning activities that were positively associated with disorientating thoughts were self and peer evaluation, written reflections, and scholarly writing. The program in this study has students engage in self and peer evaluation in the small group nursing concepts courses that occur in every semester of the three-year program. Reflections are part of the clinical courses and required to be completed at least twice during each clinical rotation. Students are expected to use a model such as the WHAT model by Driscoll and Teh (2001), the CNOs LEARN model 1996 (as cited in Mathew Maich, Brown & Royle, 2010), or Johns’s model of structured reflections (2009). Reflective practice is widely encouraged in the nursing profession (Mann et al., 2009), and is a critical component of transforming one’s views into a new way of understanding (Cranton, 2006a).

Implications for Educational Practice

Creating specific case scenarios for RPNs to work through that push their thinking beyond singular events to a wider systemic view of health and healing is recommended.

Ensuring that the social determinants of health are explicitly addressed throughout the nursing curriculum can also create a fertile ground for RPNs to consider reframing what they know and how they know. Exploration of practical nursing curricula would also provide insight into content that is addressed, or not, to ensure topics in the RPN to BScN curriculum are new or explored in a deeper and wider social context than that to which the learners have previously been exposed. This new knowledge, in combination with supportive faculty who are tactful and thoughtful in critically questioning the RPN learners' understanding, can create disorientating thoughts that lead to transformation. A cohort model in which RPNs engage in a community of learning by problem solving, exploring different perspectives, and being pushed to question their existing frame of reference as an RPN can be an effective methodology to facilitate perspective transformation. Using explicit, well-thought-out reflective activities, such as self and peer evaluation, written journals, diaries, or reports that allow students to explore thoughts, feelings, hopes, and fears in a safe environment, has been reported to facilitate transformation. Several authors suggest guided templates that could be chosen, such as Johns's (2009) model of structured reflection, Driscoll and Teh's (2001) WHAT model, and Peshkin's approach to reflection (Bradbury-Jones, Hughes, Murphy, Parry, & Sutton, 2009). The same questions posed by these models can be used in scholarly essays that facilitate a deeper understanding of a concept and potentially facilitate transformative learning. The learning experiences explored in this study exposed RPN students to new and challenging knowledge, ideas, and practices to prompt critical reflection. Disrupting the RPNs' sense of what they knew; confronting them with a challenge to articulate, defend, or revise their knowledge through dialogue and reflective practice; or having faculty who offer critical questioning in a trusting environment is highly recommended to provide valuable and effective learning experiences in their RPN to BScN program.

Study Limitations

As previously mentioned, every RPN to BScN program in Ontario is unique and provides different programs of study which must be considered when contemplating the results of this study. Many other unknown variables affect learning and could not be controlled in this study, so caution should be applied in generalizing the findings to other programs. As well, the perceptions of all the participants may change over time, or change owing to different teachers, or different student relationships, which cannot be controlled for. Even though this study has several limitations, the findings are the first to address specific teaching learning experiences that serve to facilitate critical reflection in the RPN to BScN learner. This insight can be used as foundational knowledge for further research.

Conclusion

In conclusion, this article adds a unique perspective to the limited body of research on the RPN to BScN learner. It is the first in this cohort of learners to identify specific learning experiences that facilitated a disorientating event that, in turn, appeared to stimulate a change in the thought process that reframes the RPNs' worldview to become more advanced thinkers. As the visual role between the RPN and RN continues to blur, it is essential that the RPN to BScN curriculum create meaningful transformative learning experiences that help RPNs to perceive the difference between their way of thinking and that of RNs as they progress through the program. Creating learning modalities to encourage RPNs to question their way of knowing through dialogue in small groups, focusing on topics such as social determinants of health that are not explicit in the practical nursing program, and encouraging scholarly writing are potential options

to facilitate change. It helps RPNs to change not just what they think but how they think. This process can create initial confusion and uncertainty in their confidence in their nursing practice. It is essential that nursing faculty be aware of the “transformative edge” that Berger (2004, p. 345) advised can cause emotional disturbance as learners question their perspective. Acknowledging, supporting, yet continually challenging RPNs in a safe and authentic relationship will help the RPNs become comfortable with transitioning to a new way of thinking as RNs.

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